

# Health Care Quality in Iowa

September 2010

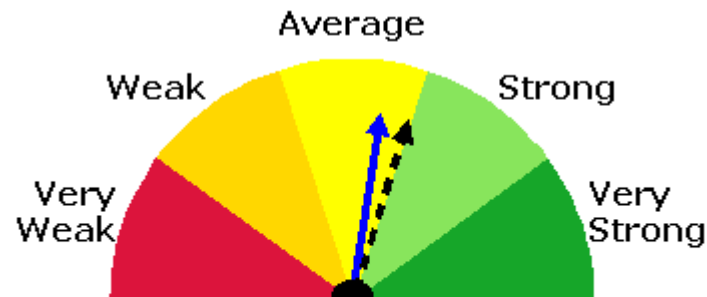
Iowa is often mentioned as a state with high quality of care compared to other states. The Commonwealth Fund ranks Iowa's health system performance in the top quartile of states. This is based on 38 indicators of access, quality, costs, and outcomes. Additional information from 2009 National Healthcare Quality Report of the Agency for Healthcare Research and Quality (AHRQ) which is built on more than 200 measures categorized across four dimensions of quality, effectiveness, patient safety, timeliness, and patient centeredness. It indicates that overall quality of care in Iowa is in the average range and has fallen some from the base year. The bordering state Minnesota has improved from average to strong while Wisconsin is strong and has risen within the strong range.

Also, quality of care in Iowa varies by type of care, setting of care, and care by clinical area. Of the 12 quality measures for these three categories below, Iowa has dropped on eight (8), is up on one (1), and the other three are unchanged. See graphs below.



## Iowa

### Dashboard on Health Care Quality Compared to All States

#### Overall Health Care Quality





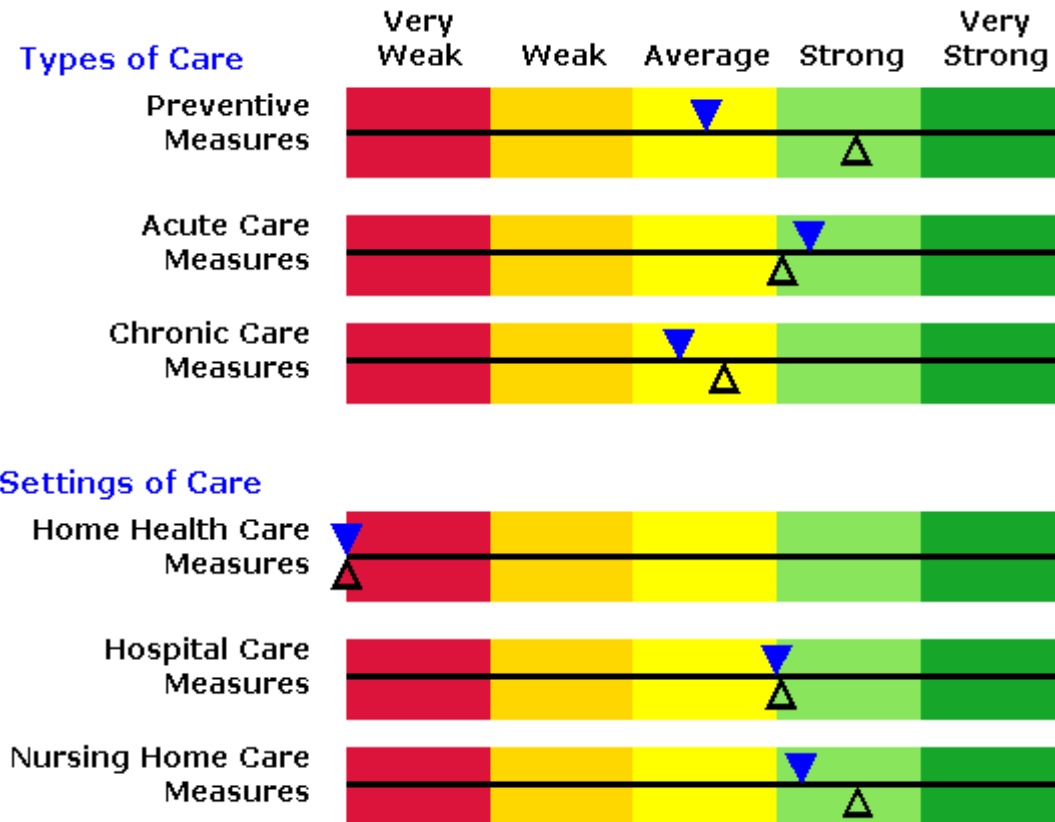
**Performance Meter:  
All Measures**

 = Most Recent Data Year  
 = Baseline Year

(Baseline year may vary across measures)

The graphics on this page are summaries of measures reported in the National Healthcare Quality Report (NHQR) for Iowa. Above is a summary of over 100 measures in the NHQR reported at the State level, and below are graphics describing specific types of care, settings of care, and care in clinical areas. Select the graphics to find the underlying measures.

 Most Recent Data Year  
 Baseline Year



▼ Most Recent Data Year

△ Baseline Year

### Ambulatory Care Measures



### Care by Clinical Area

#### Cancer Measures



#### Diabetes Measures



#### Heart Disease Measures



#### Maternal and Child Health Measures



#### Respiratory Diseases Measures



Each graphic shows a State's balance of below average, average, and above average measures compared to all States reporting such data in the United States. The graphics have five categories: very weak, weak, average, strong, and very strong. This State's performance for the most recent data year is described by a solid arrow or solid triangle; a dashed arrow or hollow triangle describes the baseline year. A missing arrow or triangle means there were insufficient data to create the summary measure. An arrow or triangle pointing to "Very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow or triangle pointing to "Very strong" indicates that all or nearly all available measures for a State are above average within a given data year

AHRQ has produced the annual National Healthcare Quality Report starting in 2003 after the Congress directed them to do so in 1999. The 2009 report is the seventh annual report. The main purpose of these reports is to show readers the extent to which care in the United States is delivered in an effective, safe, patient-centered, and efficient manner.

Three themes from the 2009 NHQR emphasize the need to accelerate progress if the Nation is to achieve higher quality health care in the near future:

- Health care quality needs to be improved, particularly for uninsured individuals, who are less likely to get recommended care.
- Some areas merit urgent attention, including patient safety and health care associated infections.
- Quality is improving, but the pace is slow, especially for preventative care and chronic disease management.

Studies show there is wide variation in the quality of care in Iowa by health provider facility and group, with many opportunities for improvement. While being average or above the national average may be good as a starting point, the national average is not the goal given the quality problems and shortcomings of the current system. It will not come close to the improvement in quality and value needed if we are to achieve a sustainable health care system. A better goal is “best in class” or the top 10 % nationally. This goal is used by IHBA in our Consumers’ Health Guide Series. The national average is also shown in these guides as a reference point.

On August 19, 2010 the IHBA made a presentation with recommendations on how to improve quality and value of health care in Iowa to the Value-Based Health Care Reform Workgroup of the Legislative Health Care Coverage Commission.

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